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ABUSE OF AND ILLICIT TRAFFICKING IN STIMULANTS

Report of the Expert Meeting on Amphetamine-type Stimulants held at Shanghai, China, from 25 to 29 November 1996

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INTRODUCTION

1. At its thirty-ninth session, the Commission on Narcotics Drugs had before it a report (E/CN.7/1996/12) submitted pursuant to Economic and Social Council resolution 1995/20, in which the Secretary-General was requested, with the assistance of the Executive Director of the United Nations International Drug Control Programme (UNDCP) and in consultation with the International Narcotics Control Board, to convene expert meetings in 1995 and 1996 in order to discuss countermeasures against the illicit manufacture of and trafficking in psychotropic substances, particularly stimulants, and the illicit use of their precursors. The Secretary-General was also requested to undertake a thorough study on stimulants and the use of their precursors in the illicit manufacture of and trafficking in drugs.

2. The study prepared in response to that request, entitled "Amphetamine-type stimulants: a global review" was presented to the first Expert Meeting on Amphetamine-type Stimulants, held at Vienna from 12 to 16 February 1996. A revised version of the study,[1] reflecting comments made at the thirty-ninth session of the Commission, was subsequently published and used as the main background document for the second Expert Meeting on Amphetamine-type Stimulants. The first Expert Meeting confirmed the principal findings of the global review, which were complemented by additional information supplied by experts, particularly in technical areas and relating to national and regional experiences.

3. The Council, in its resolution 1996/29, reiterated its request to the Secretary-General to convene, in accordance with the mandate established by its resolution 1995/20, a second expert meeting of drug-control authorities and policy-making representatives in order to propose comprehensive countermeasures against illicit manufacturing, trafficking and use of amphetamine-type stimulants (ATS) and their precursors. The Secretary-General was also requested to seek the views of interested Governments on the nature and content of those countermeasures prior to the second Expert Meeting.

4. By two notes verbales, the Secretary-General informed Governments of the request by the Council for the convening of the second Expert Meeting, held at Shanghai, China, from 25 to 29 November 1996, and invited them to provide their views on possible countermeasures against illicit manufacturing, trafficking and use of ATS and their precursors. On the basis of the replies received from 22 Governments and one intergovernmental organization, UNDCP prepared and submitted to the second Expert Meeting a summary of government views on countermeasures and a paper presenting policy options for countermeasures.

I. CONCLUSIONS AND RECOMMENDATIONS

5. The Expert Meeting recognized and drew attention to the grave threat posed by the abuse of ATS, which had increased significantly over the past 10 years. What began as a localized phenomenon had now spread to all regions of the world. Recent trends and studies on the characteristics of ATS showed that they had the potential to become a major drug problem of the twenty-first century.

6. Several factors contributed to the surge in ATS abuse. On the supply side, economic incentives were powerful. In some countries, clandestine manufacture of methamphetamine could lead to profits of nearly 3,000 per cent of the cost of raw materials. Such profitability derived from the following: the accessibility and abundance of precursors, which suggested that clandestine manufacture could be carried out by non-specialists and close to the points of final consumption; fewer stages in the chain of distribution with the involvement of fewer individuals; and shorter distances, reducing the scope for effective interdiction. In addition, detailed information on the manufacture of ATS were widely available to the public at large through the Internet and other such networks. In nearly every region of the world, demand was strongly driven by social, cultural and economic forces that had come together during the past few decades. Compared with cocaine, ATS were less expensive, had a longer effect and carried a relatively benign image. That image was not only common among the general public, but also in institutions handling substance-abuse problems. The drug control focus at both the national and international levels was still overwhelmingly on the plant-based narcotic drugs, and the threat of ATS was often underestimated.

7. While conscious of the current and potential dangers of ATS, the Expert Meeting believed that through concerted efforts, the international community could curb the further spread of abuse and reduce its existing levels. To achieve that goal, it was necessary to redouble efforts to monitor and study ATS in order to secure a better factual knowledge on which to base decision-making. A responsible political leadership must ensure a long-term and unwavering commitment to the fight against ATS. That commitment should be present at the national as well as the regional and international levels. In fact, the global scope of the problem required ongoing intergovernmental consultations and cooperation and a close involvement of the international and regional organizations concerned.

8. In light of the foregoing, the Expert Meeting drew up the conclusions and recommendations presented below, including those arising from the deliberations of its working groups, for consideration and action by the Commission at its fortieth session.

A. General themes

9. The Expert Meeting acknowledged the excellent work done by UNDCP in preparation for the Expert Meeting, including the study *Amphetamine-type Stimulants: a Global Review* and the discussion paper "Policy options for countermeasures". It was emphasized that the work on ATS should not end with the Meeting at Shanghai, but should be systematically continued by UNDCP. The subject of ATS should be given higher priority and become a regular item on the agenda of national and international drug control bodies.

10. The Expert Meeting recognized the existence of an extensive framework of international treaties, mandates, recommendations and resolutions adopted by the Council, the Commission and the Board, as well as national legislation, addressing various aspects of the ATS problem, including regulatory aspects, that were relevant to the Convention on Psychotropic Substances of 1971[2] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[3] The Expert Meeting reiterated the significance of global implementation of all relevant parts of the framework.

11. The Expert Meeting was also aware of the budgetary implications that might arise from its recommendations. By weighing the urgency of the matter and the budgetary implications, the Expert Meeting

had carefully selected and prioritized its recommendations so as to cover each area of intervention - demand, information, precursors and control aspects, including regional cooperation - and to deal as specifically as possible with the ATS problem. In view of the strategic importance of some of the activities undertaken, the Expert Meeting recommended that States Members of the United Nations should place high priority on allocating appropriate resources to UNDCP and the Board for those purposes.

B. Issue 1: reversing the trend of amphetamine-type stimulant abuse becoming a part of mainstream consumer culture

12. There was substantial and compelling evidence that abuse of ATS had become a global issue that continued to grow at an alarming rate. The problem was emerging in both developed and developing countries. While there appeared to be a perception that the substances were safe, they had serious consequences for health and social, economic and cultural well-being. That underscored the need for a comprehensive and in-depth response. Many countries had no experience of dealing with such substances, and many of the solutions designed to reduce consumption would be different from those developed to deal with existing drug problems. Hence Governments needed to act urgently if they were to succeed in containing the spread and reducing the impact of ATS abuse. In that context, the Expert Meeting made recommendations covering various matters, outlined below, to reverse the trend of ATS abuse.

1. Prevention

13. Given cultural sensitivities and the diverse range of individuals and groups at risk from ATS abuse, there was a need to identify and document good practice in prevention, intervention and treatment, including appropriate evaluation methodologies. Maximum impact would be achieved through the adoption of multiple approaches to prevention. To ensure containment and to optimize the potential to overcome the problem, it was essential to achieve sustained political commitment and cooperation by Governments. Within their existing frameworks for collaboration, UNDCP and the World Health Organization (WHO) should identify, document and disseminate evidence-based practice for primary and secondary interventions for ATS.

14. There was uncertainty about the range of risks and adverse consequences that could be associated with ATS abuse, particularly of the methylenedioxymethamphetamine (MDMA) type of stimulants. Confusion and misunderstanding had thus arisen among those who were likely to influence ATS use, for example, the media, parents, teachers and community leaders. Governments should consider ways of introducing responsible information on ATS into educational and mass outreach programmes (see paragraphs 27 and 28 below). Such programmes should be based on a thorough situation and needs assessment.

2. Legislation

15. In parallel with demand reduction measures, there was a need for nationally appropriate legal sanctions and enforcement actions. Legal measures and penalties needed to be commensurate with the acute threat to public health as well as the individual health risks. In view of the serious nature of the ATS problem, current judicial practices and legal sanctions might need to be reconsidered (see paragraph 45 below). Governments should give urgent consideration to the introduction of a range of appropriate legal sanctions to be applied to the personal possession and abuse of ATS. Governments should also ensure the monitoring of the impact and effectiveness of such measures.

3. Research

16. There was a need to summarize and synthesize current information on the health effects of ATS and of the by-products created in the clandestine synthesis of ATS. WHO should continue its work in that area and disseminate the relevant findings of the meeting of international experts that met at Geneva in November 1996. Periodic reassessment of the understanding of such health effects would be desirable.

17. There was also a need to identify gaps in the knowledge and understanding of the health effects and of the social, cultural and economic driving forces of ATS use and abuse, as well as their impact on the individual and the community. Meaningful cross-national studies should be conducted in those areas, covering both licit and illicit ATS, and taking into account the following specific needs:

(a) Current licit uses of ATS were largely limited to the treatment of attention deficit disorder and obesity. International bodies, in particular WHO, should initiate studies to obtain a better understanding of those conditions and their treatment with ATS. Such studies should include an examination of the aetiology, the prevalence and incidence of the conditions, the diagnoses, the duration of treatment and the treatment modalities used in various countries. On the basis of the findings, WHO should formulate guidelines on the rational use of ATS (see paragraph 48 below);

(b) Governments should monitor the safety and efficacy of the long-term administration of medically prescribed ATS (see paragraph 48 below);

(c) UNDCP and WHO, within their existing collaboration arrangements, should coordinate studies on the increasing demand for clandestine ATS, including the social, cultural and economic driving forces of ATS abuse and the impact on individuals and the community.

4. Data collection and reporting

18. Regional and international collaboration in the collection, analysis and dissemination of information on ATS was needed, particularly in the following areas: standardized terminology; coordination of data collection; methodological developments; and the exchange and dissemination of information (see paragraph 50 below). Existing international and regional epidemiological information networks should have a role in that respect.

C. Issue 2: the dilemma of drug-related information: freedom versus restraint; irresponsible versus responsible information

19. In the past, information on clandestine ATS manufacture and other aspects of illegal trade in ATS was available in underground literature. In contrast, information currently being made available on the Internet had created a situation in which access to heretofore elusive information had become possible for everyone. While the benefits of such new information tools might on the whole outweigh the costs, the need to consider how to contain the most negative manifestations was self-evident. Although control of the exchange of information on ATS was a difficult and complex issue, appropriate steps at both the national and international level were possible, in close cooperation with all actors involved, and should be taken. At the same time, Internet also presented significant opportunities for policy and programme innovation, including the collection and dissemination of information in a timely and cost-effective manner. It could also be used effectively for training purposes with participants located in different countries. In addition to new media tools, the traditional media played a significant role in inadvertently promoting ATS abuse, making it necessary to develop appropriate strategies to counter such trends. Against that background, the Expert Meeting made the recommendations concerning information presented below.

1. Monitoring and control of new information networks such as the Internet

20. Governments should:

(a) Establish systems to monitor the Internet for information on the production, distribution, promotion and use of ATS and their precursors, so that potential violations of their national laws and regulations could be determined;

(b) Consider establishing open complaint mechanisms as part of the monitoring system.

21. Governments should negotiate with service providers and with the telecommunication and software industries, as appropriate, on the development and implementation of mutually agreed mechanisms for the removal of offensive drug information from the Internet.

22. The Secretary-General should initiate consultations with representatives of the telecommunication and software industries, as well as with service providers, to develop a code of conduct and self-control governing the treatment of such matters as offensive drug-related information, terrorism, child pornography and racism. The negotiations should be undertaken in time to formulate recommendations for consideration by the General Assembly at its special session on international drug control to be held in 1998.

2. Taking advantage of the Internet

23. UNDCP, in partnership with national and international organizations, should take the lead in monitoring developments in the production, distribution and use of ATS and their precursors (including the transmission of information on the Internet), in analysing trends, in identifying potential future problem areas and in conveying information to Member States on a regular basis.

24. UNDCP, WHO and other national and international organizations should:

(a) Participate in a worldwide clearing-house* system to disseminate accurate and timely information on substance abuse;

(b) Assist developing countries in acquiring the computer hardware, software and training needed to access the clearing-house information.

25. UNDCP, in partnership with WHO and other national, regional and international organizations, should enhance the functioning of the existing network of epidemiology groups through Internet linkages.

26. UNDCP, WHO, the International Criminal Police Organization (ICPO/Interpol), the World Customs Organization (WCO) and other international organizations should explore the possibility of using the Internet for distance training purposes, with particular emphasis on assistance to developing countries.

3. Other media-related activities

27. Governments should initiate public awareness campaigns on the adverse health, social and economic consequences of ATS abuse, in order to counteract misleading information and erroneous perceptions often conveyed by the media (see paragraph 14 above).

28. Government should take appropriate action to fully implement the provisions of the 1971 Convention, article 10 (prohibiting the advertisement of controlled substances to the general public), and of the 1988 Convention, article 3 (publicly inciting illicit activities related to drugs) (see paragraph 40 below).

D. Issue 3: reducing economic incentives and limiting the availability of precursors for clandestine manufacture

29. Improved precursor control as well as more vigilant efforts to prevent money-laundering were promising fields of intervention to reduce economic incentives for clandestine operations involving ATS. Reduced

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*National and regional documentation centres on substance abuse linked together through the Internet.

availability of precursor chemicals was likely to have a limiting effect on the spread of clandestine manufacture of ATS. In the light of the provisions of the 1988 Convention, article 12, the related Council resolutions (1992/29 of 30 July 1992, 1993/40 of 27 July 1993, 1995/20 and 1996/29) and the recommendations contained in the annual reports of the Board, the competent authorities at the international, regional and national levels should take appropriate action to counter the diversion of chemical substances for illicit manufacture of ATS. To reduce economic incentives and limit the availability of precursors, the Expert Meeting recommended the countermeasures outlined below.

1. Improving the information base concerning licit movements of precursor chemicals at the international level

30. To enable the Board to fulfil its central role in coordinating international efforts to combat chemical diversion, and to extend and update the existing pool of information on the control of the chemicals concerned, the competent authorities at the national level should pass on, at regular intervals, all relevant information to the Board, which should, in turn, make use of the information received.

2. Establishment of a surveillance list and an early warning system

31. The development of appropriate control strategies should be tailored to the needs of the individual country and region. To that end, in accordance with Council resolution 1996/29, the Board, with the assistance of UNDCP, should establish, for use at the regional and national level, an international special surveillance list of potential substitutes and pre-precursors for controlled starting materials. Governments should immediately alert the Board to new developments in clandestine manufacture, in particular to any new non-scheduled chemicals* seized in clandestine laboratories. That should enable the Board to update the list and provide an early warning system for Governments.

3. Improving the precursor control system

32. National authorities, in cooperation with UNDCP and the Board, should consider further research on such matters as: scheduling and rescheduling of ATS precursor chemicals (see paragraphs 41 and 42 below); and the possibility of punishing, as a criminal offence in the sense of article 3 of the 1988 Convention, the diversion of non-scheduled chemical substances knowingly used in the illicit manufacture of ATS (see paragraph 45 below).

4. Extending international cooperation to cover non-controlled chemicals

33. To support investigations where competent authorities had established that non-controlled chemicals were being used for illicit manufacture of ATS, the law enforcement agencies of the countries concerned should establish mechanisms to cooperate with each other to exchange information and take appropriate action (see paragraph 52 below). To that end, law enforcement agencies should designate one focal point to facilitate such exchanges.

5. Improved monitoring of licit movements of precursors of amphetamine-type stimulants

34. National authorities should take specific actions to improve the monitoring of the licit manufacture and trade, at both domestic and international levels, of ATS precursors (see paragraph 43 below). Such actions should include the following:

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*Such as allylbenzene, benzaldehyde, benzylchloride, benzylcyanide, and norephedrine (phenylpropanolamine), which are currently frequently used in the illicit manufacture of ATS.

(a) As a matter of priority, the promotion of close cooperation with the relevant branches of industry and trade, with a view to establishing, to the extent possible, voluntary measures and codes of conduct governing trade in ATS precursors, as well as strengthening, as appropriate, already existing regulatory systems;

(b) Improved monitoring of the manufacture and domestic distribution of key ATS precursors such as the ephedrines, in particular by a system of licensing and inspection;

(c) The introduction, where appropriate, of a national system for assessing the legitimate annual needs for key ATS precursors;

(d) The introduction of an import and export authorization system to ensure more effective prevention of diversions from international trade;

(e) The use of pre-export notifications for ATS precursors under the 1988 Convention.

6. Amendments to and clarifications of the 1988 Convention

35. Parties to the 1988 Convention should consider clarifications of and technical amendments to the Convention, where such were deemed of special relevance to the control of ATS precursors. The clarifications or amendments should deal with the following (see paragraphs 41-43 below):

(a) Preparations, mixtures, extracts, concentrates and plant raw materials that could be used in the clandestine manufacture of ATS;

(b) Coverage of isomers of substances listed in Tables I and II of the 1988 Convention;

(c) Specific chemical derivatives of ATS precursors (e.g. esters) which could be converted into controlled precursors.

7. Strengthening the exchange of information on precursors of amphetamine-type stimulants

36. In accordance with legal provisions, Governments and the international bodies concerned should make every effort to initiate regular exchanges of information between counterpart government agencies in different countries, in particular in exporting, importing and transit countries, about suspicious movements of precursors and the diversion methods used (see paragraphs 50-52 below). Appropriate law enforcement procedures and chemical techniques used to trace the origin of seized precursor material to determine whether it was diverted from licit sources or manufactured clandestinely should also be considered (see paragraph 44 below).

8. Monitoring of sales of laboratory equipment

37. Governments should make better use of the provisions of the 1988 Convention, article 13, to monitor sales of specific equipment, such as tableting machines, as appropriate to their national situation. States should share their experiences in such matters (see paragraph 52 below).

9. Strengthening efforts against money-laundering

38. Governments should trace, monitor and curtail assets derived from the clandestine manufacture of ATS (see paragraph 40 below). That would involve a general strengthening of anti-money-laundering legislation, which might include consideration by Governments of reversing the traditional burden of proof and placing it upon the violators.

E. Issue 4: closing the legislative and regulatory gaps

39. Effectively counteracting or preventing emergency situations in any country or region required policies and countermeasures that were fast, flexible, easy to adapt to new situations and both technically and conceptually commensurate with the ever-greater complexity of the evolving global drug problem. There might also be a need for enhanced interdisciplinary situation analysis and conceptualization, experimentation with entirely new concepts and approaches, better and more resolute implementation at every level and increased regional cooperation. In that context, the countermeasures recommended by the expert group to close legislative and regulatory gaps are presented below.

1. Evaluation of compliance with the international drug control treaties

40. In view of the serious problems associated with the manufacture, distribution and use of ATS, the Commission should consider establishing an ongoing mechanism, possibly through a peer-review process, to evaluate, in cooperation the Board, compliance with the 1971 and 1988 conventions and implementation of all relevant Council resolutions (see paragraphs 28, 34, 37 and 38 above).

2. Improving the technical basis of control

41. There was a need for a higher degree of simplicity, flexibility and complementarity among the three international drug control treaties in scheduling ATS and their precursor chemicals. The Commission should initiate a process designed to resolve the problem of divergent scheduling principles, criteria and procedures under the three treaties.

42. Member States affected by the clandestine manufacture and abuse of synthetic ATS or those anticipating such an emergency situation should consider adopting a more flexible and anticipatory approach to defining the scope of control of both ATS and their precursors (see paragraph 35 above). Adequate safeguards should be incorporated to avoid detrimental effects on legitimate research, drug development and industry. Governments might need to establish small interdisciplinary advisory groups to assess the technical aspects. The following procedure could be applied:

(a) Periodic review of new clandestinely produced ATS and their precursors and exchange of information with international bodies and neighbouring countries. Such information should cover new drugs, the extent of, or methods used in, clandestine drug manufacturing, use of precursors (mixtures, preparations, raw materials etc.) and new developments relating to public health, safety and environmental hazards. Each country might wish to establish individual watch-lists of ATS and their associated chemicals (see paragraphs 31 and 32 above);

(b) Development of a flexible scheduling approach (see paragraph 35 above). Governments might wish to make use of one of the following models in use in different countries:

(i) Emergency or simplified scheduling processes;

(ii) Scheduling based on structurally similar groups (analogues);

(iii) Control, for purposes of criminal prosecution, based on similarities in chemical structure and known or anticipated pharmacological effects;

(c) UNDCP should collect, analyse, explain and distribute to Member States the available legislative models.

43. Taking into account the crucial role of the Board in the implementation of the international drug control treaties, and given the technical complexity of the problem of ATS, the Board, possibly with the support of an advisory expert group, should consider the following issues:

(a) Periodic analysis of the evolution of illicit manufacture of ATS to allow the identification of current and potential uses of precursor chemicals (see paragraphs 30 and 31 above);

(b) Technical assessment of promising new initiatives at the national level and of their potential for international application.

44. Member States should encourage the development of specific technical tools, procedures and guidelines for the effective enforcement of the law in respect of clandestine ATS. Recognizing the value of drug signature analysis/profiling, Member States should consider establishing profiling programmes for specific ATS. They should also continue to support the UNDCP project. UNDCP should, in turn, provide technical support for profiling programmes (see paragraph 36 above).

3. Introducing appropriate sanctions and penalties

45. Member States should make better use of the specific provisions of the 1988 Convention in dealing with offences related to clandestine synthetic drugs and their associated precursors and equipment. Such efforts had been successfully undertaken by some Member States (see paragraph 15 above), on the basis of an approach involving such measures as the following:

(a) Making criminal sanctions relating to ATS closer to those applied to the major narcotic drugs;

(b) Making criminal sanctions relating to ATS precursors closer to those applied to the ATS end-products;

(c) Extending the scope of national law and control systems to include the provisions of the 1988 Convention with respect to the clandestine manufacture, extraction or distribution of chemical precursors, either for personal manufacturing or illegal distribution;

(d) Investigating the possibility of extending the provisions of the 1988 Convention, article 3, to non-scheduled chemical substances (see paragraph 32 above);

(e) Introducing into national legislation the use of civil fines or administrative penalties and injunctions, in addition to criminal sanctions, thereby strengthening the deterrent effect and reducing economic incentives. Such sanctions could be effectively applied to various offences less amenable to criminal sentencing, such as the manufacture, import, export and distribution of precursors knowingly or with deliberate disregard for illegal end-use or for environmental and health hazards arising from those activities.

46. Member States with emerging or prevalent ATS problems should bear in mind that the concept of threshold quantities "for personal possession" was against the spirit of the international drug control treaties. Cognizant of the fact that some Member States had introduced threshold quantities for personal possession, the Expert Meeting requested UNDCP to evaluate the impact of such initiatives on consumption of ATS (see paragraph 15).

4. Improving the legislative and regulatory basis for control of licit amphetamine-type stimulants

47. Experience had shown that the control measures for international trade in licit ATS, especially those included in Schedules III and IV of the 1971 Convention, were not effective enough to prevent large-scale

diversions. A number of Council resolutions (1981/7, 1985/15, 1987/30, 1991/44 and 1993/38) had been adopted to redress the situation. While reiterating the need to implement such resolutions, the Expert Meeting stressed that mandatory application of the measures proposed would substantially improve the situation. It suggested that Parties should take urgent action to initiate such a process through an amendment to the 1971 Convention.

48. Considering the recent rise in consumption figures in some countries for specific ATS used mainly in the treatment of conditions such as attention deficit disorder and obesity, national drug control and pharmaceutical regulation authorities, in cooperation with professional bodies of physicians and pharmacists, should, within the areas of their specific competence:

(a) Establish an accurate system of assessment of licit ATS requirements, on the basis of systematic and detailed information on the therapeutic and industrial uses of ATS;

(b) Develop guidelines for physicians aimed at improving prescribing practices for specific ATS (see paragraph 17 above);

(c) Consider introducing, in those countries where prescription formulas for compounded drugs containing ATS seemed to be one of the main sources of stimulants used as anorectics, and thus to lend themselves to potential abuse, measures to ensure responsible use of such medicaments (see paragraph 17 above);

(d) Systematically monitor trends in the prescribing and consumption of ATS (see paragraph 17 above);

(e) Implement fully the prescription requirements for ATS under the 1971 Convention.

49. In the light of actual or potential abuse and diversion of licit ATS, there was also a need to monitor, primarily through the use and strengthening of existing monitoring systems such as the WHO Programme for International Drug Monitoring, licit stimulant-type substances that were not subject to international control, but which had the potential to lead to abuse.

5. Improving the collection and exchange of data

50. Governments should collect more accurate data on the size of clandestine laboratories, production methods and precursors used, relying, to the largest extent possible, on information from forensic laboratories. That aim could best be achieved by establishing in each Member State a central point that would also collect data on the identity of seized drugs, their sources, purities and prices. The annual reports questionnaire and Form D (providing annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances) should be used and made more specific for such purposes (see paragraphs 18, 30 and 31 above).

51. The Expert Meeting reiterated the importance of continuing cooperation and linking efforts in the collection, analysis and dissemination of data (such as the joint project undertaken in that area by UNDCP, the Board, ICPO/Interpol and WCO) for use in the building of cost-effective networks for policy support (see paragraphs 18, 30 and 31 above).

6. Strengthening regional cooperation

52. Recognizing that the manufacture, trafficking and abuse of ATS, while increasingly a global problem, showed distinct regional characteristics, the Expert Meeting stressed the significance of continued regional cooperation as an effective strategy to cope with the problem. Such a strategy should aim at reducing the

dimensions and impact of the problem, and, at the same time, prevent its further spread to countries not yet affected by it. The Expert Meeting considered that the essential elements of such regional cooperation were as follows:

(a) Consultations between States at the regional level before the adoption of amendments to national laws relating to the control of ATS, in order to avoid disparities in the legislation of neighbouring countries (see paragraphs 15, 34, 45 and 46 above);

(b) Regional arrangements for monitoring new developments in clandestine manufacture and trafficking of ATS (see paragraph 31 above), new trends in the licit use of ATS and new consumption patterns trends (see paragraph 18 above);

(c) Establishment of rapid channels of communication and systems for the exchange of information derived from criminal investigations, intelligence assessments and forensic analysis (for example, drug signature analysis/profiling), in order to support interdiction efforts, in addition to already existing modes of communication (see paragraphs 33 and 36 above);

(d) Use of existing regional organizations, consultations, meetings and other working arrangements in drug control as a tool or forum for the regional exchange of experience, new research results and findings relating to various aspects of the problem of ATS;

(e) Implementation of specific regional projects to develop technical capabilities in States with limited expertise in dealing with the problem of ATS. States with more expertise and experience were requested to assist those with less.

II. ORGANIZATION OF THE EXPERT MEETING

A. Opening of the Expert Meeting

53. The second Expert Meeting on Amphetamine-type Stimulants was held at Shanghai from 25 to 29 November 1996. It was hosted by the Government of China and organized by UNDCP in cooperation with the National Narcotics Control Commission of China and the Shanghai Narcotics Control Commission. UNDCP served as secretariat of the Expert Meeting.

54. At the first meeting, on 25 November 1996, opening statements were made by the Executive Director of UNDCP and by the Vice-Minister in charge of the National Narcotics Control Commission and Vice-Minister of Public Security of China.

B. Attendance

55. The Expert Meeting was attended by participants from the following 29 countries and territories: Australia, Canada, Chile, China, Czech Republic, Egypt, France, Germany, Hong Kong, Hungary, India, Indonesia, Italy, Japan, Latvia, Malaysia, Mexico, Netherlands, Nigeria, Philippines, Poland, Republic of Korea, Singapore, Spain, Sweden, Switzerland, Thailand, United Kingdom of Great Britain and Northern Ireland and the United States of America. The participants included observers sent by specialized agencies and other intergovernmental organizations (see annex I).

C. Election of officers

56. At its second meeting, on 25 November 1996, the Expert Meeting elected by acclamation Zhu Entao, Assistant Minister of the Ministry of Public Security of China, as Chairman, and Jacques LeCavalier, Chief Executive of the Canadian Centre on Substance Abuse, as Vice-Chairman and Rapporteur.

D. Adoption of the agenda

57. The Expert Meeting adopted the following agenda:

1. Election of officers and adoption of agenda.

2. Examination of background topics:

   (a) A century of international drug control;
   (b) Drug consumption cultures;
   (c) Amphetamine-type stimulants as a global problem;
   (d) Clandestine synthetic drugs: dilemmas for control;
   (e) Amphetamine-type stimulants as a national problem: national experience, policies, strategies;
   (f) Striking the right balance between national, regional and global responses;
   (g) Principal issues, problems and countermeasures.

3. Discussion of issues by working groups:

   (a) Working Group 1: reversing the trend of amphetamine-type stimulant abuse becoming a part of mainstream consumer culture;
   (b) Working Group 2: the dilemma of drug-related information: freedom versus restraint; irresponsible versus responsible information;
   (c) Working Group 3: reducing economic incentives and limiting the availability of precursors for clandestine manufacture;
   (d) Working Group 4: closing the legislative and regulatory gaps.

4. Issues of regional and international cooperation.

5. Adoption of the draft report, including recommendations for countermeasures.

E. Documentation

58. The documents before the Expert Meeting are listed in annex II to the present report.

III. SUMMARY OF THE DISCUSSION

59. Before the working groups began their deliberations at the fifth and sixth meetings, on 27 November 1996, the second to fourth meetings were devoted to a review in plenary of agenda item 2, concerning topics that formed a necessary background to the discussion of issues in the working groups. The discussion of the seven topics under item 2 is summarized below.

A. Examination of background topics

1. A century of international drug control

60. At its second meeting, on 25 November 1996, an expert reviewed the history of the development of international drug control from the establishment of the Shanghai Opium Commission in 1909, which had resulted in the first international control of opiates and cocaine, to the Expert Meeting in progress, which was exploring possible countermeasures to the current situation with respect to the abuse of, and trafficking in, ATS. He referred to the multiplicity of factors, including cultural attitudes, geopolitical issues and economic interests, that had influenced international action in the area of drug control. He explained how the original impetus by China, the United Kingdom of Great Britain and Northern Ireland and the United States of America at the turn of the century had opened a "window of opportunity" that had led to a broader international effort and the first multilateral meeting on drug control in 1909. The subsequent evolution of international control leading to the treaty system currently in force was examined in detail. Attention was drawn to missed opportunities for international cooperation in the past, often due to purely political considerations. In that context, he referred to the opening of a new window of opportunity that should be used to work out an effective agreement on ATS, which, as part of the synthetic drug problem, would surely dominate the first part of the twenty-first century.

61. Another expert, reviewing the situation in China, emphasized the determination with which successive Governments of China had fought both opium abuse and the traffic in opium from foreign sources. Following the colonialist excesses of the nineteenth century, the prohibition of opium for a 10-year period, decreed by the Qing Government in 1906, was an important step towards rectifying the situation. The expert outlined the negative impact of stimulant abuse on public health and the strict measures taken to contain that menace, including legislative action to control precursors. He underlined the unswerving dedication of China to the fight against all manifestations of drug abuse and its readiness to cooperate with like-minded States.

2. Drug consumption cultures

62. An expert examined the evolution of consumption patterns from the "traditional" misuse of narcotic drugs to the most recent examples of consumption "fashions" in modern social environments. She emphasized specific trends and factors underlying the growing abuse of ATS among the younger generation, including: increased needs and wants for ever-higher levels of stimulation in societies that stressed competitiveness, in which highly stimulating activities of all sorts (video games, high-risk sports etc.) could be seen; increased incidence of instant hedonistic behaviour; a growing trend towards self-medication; reduced family ties; a decline in traditional belief systems; dominant influence of peers, with views that clearly differed from official or traditional ones; growing levels of unemployment among youth, which further alienated ever larger sections of the young generation from accepting the norms set by parents and authorities; and sensational reporting by the media, contributing to the "thrill" of deviant behaviour. Prevention strategies would have to take due account of those underlying trends and factors, if they were to be successful.

3. Amphetamine-type stimulants as a global problem

63. At the same meeting, an expert summarized the policy measures adopted in Japan to counter the ATS problem. In view of its international dimensions, concerted efforts were necessary, with particular emphasis on increasing awareness, gathering and exchanging information and research into treatment measures. The establishment of frameworks for regional cooperation as well as the extension of precursor control to internal and import controls were highly desirable. He concluded that the problem of ATS had clearly demonstrated that the traditional approach to drug control, dividing countries into producers, consumers and intermediaries, was no longer valid.

64. The Senior Research Coordinator, Research Section, Technical Services Branch of UNDCP, summarized the findings of the first Expert Meeting on Amphetamine-type Stimulants that had led to the revised version of the global review, which was before the current Expert Meeting as a background document. He underlined the historical interplay between the licit and illicit spheres of the ATS problem, as well as the equal contributions of demand and supply to the global expansion of ATS abuse from a few countries prior to the 1970s to the global dimensions witnessed during the 1990s. While control systems, both national and international, had proved successful in tackling the problem on the licit side (except for a few areas of concern, such as the treatment of attention deficit disorder and obesity, which needed an adequate response), the systems had revealed considerable weakness in preventing clandestine manufacture and illicit consumption of ATS. Current approaches to control, largely based upon models initially designed for plant-based drugs, were not appropriate for addressing the problem of ATS and other clandestine synthetic drugs.

65. Before the close of the second meeting, two experts examined the problems for national and international control presented by clandestine synthetic drugs. One of the experts analysed the technical dilemmas associated with proposals for such control. He stressed the need for thorough technical assessments of all aspects of a drug problem before it becomes global, and pointed to the attractiveness of ATS over plant-based drugs, such as cocaine and heroin. Factors contributing to that attractiveness included their feasibility for chemical manipulation, the easy availability of starting materials and their easy conversion into the corresponding end-products, the wide availability of technical information, strong economic incentives for clandestine operators, the fact that levels of control applied to precursors were not as strict as those applied to end-products as well as their benign image in consumer markets. He concluded that the technically complex ATS problem, with its potential for future expansion into developing countries, needed a global response and strong international commitment.

66. The other expert, in identifying a judicious mix of countermeasures to stimulant abuse, referred particularly to the following: (a) the easy availability of ATS and their precursors; (b) the rapid technological advances made by clandestine ATS operators in recent years; and (c) the information explosion, particularly on the Internet, which was also making underground information available to the general public. Policy options to be considered for item (a) were: anticipatory or emergency scheduling for both precursors and end-products; a targeted approach for certain precursors, such as ephedrine; close monitoring of licit movement of precursors; cooperative agreements with producers and distributors of precursor chemicals; and the institution of civil penalties in cases where criminal sanctions were not feasible. In order to tackle items (b) and (c), there might be a need for strategic international alliances with the telecommunications and software industries to promote self-regulation with respect to offensive drug material. Prevention should be focused on the vulnerable, particularly youth. Governments should integrate treatment, rehabilitation and outreach interventions within broader health, social, justice and fiscal policies. For all drug-control measures to be taken, the expert stressed the overriding importance of a sound knowledge base to enable evidence-based decision-making.

4. Amphetamine-type stimulants as a national problem: national experience, policies, strategies

67. At the third meeting, on 26 November 1996, one expert spoke on the experience of Japan from the perspective of the health and regulatory authorities, and another from the law-enforcement perspective. The former emphasized the importance of demand- and supply-reduction activities. Early and effective control of ATS precursors, as was done in Japan, was recommended for other countries as well. The latter discussed the significance of ATS abuse in Japan. He noted that greater public awareness of the dangers of ATS was preventing an increase in violations. He also drew attention to successful enforcement cases resulting from regional cooperation.

68. At the same meeting, an expert reviewed the experience of Germany with respect to precursor control. For about 10 years a monitoring system had been in place, based on close cooperation between enforcement

authorities and the chemical industry, and enabling the early exchange of information on suspicious diversion attempts. Even after the new Precursor Control Law (1995) came into effect, the system of voluntary self-restraint in cooperation with police and customs authorities had proved effective, and could serve as a model for other countries to consider. The voluntary monitoring system currently covered 52 precursor chemicals that were identified as having been used in clandestine laboratories. While providing industry with a check-list to assist in the identification of potentially suspicious orders, the system had the advantage of flexibility, and did not put additional administrative burdens on industry. Even in cases where precursor chemicals were not covered under national law, the system had proven successful in actually preventing diversion of substitute chemicals before clandestine manufacture could take place. Of increasing concern, however, was the spread of underground literature, including on the Internet, on the various possibilities for clandestine synthesis of ATS.

69. Another expert stressed the need for research on motivation and health risks related to ATS abuse - studies in those fields were currently being undertaken in Germany - and the importance of control systems to react rapidly to changes in the environment. In order to speed up the process, Germany had introduced into the Narcotics Act an emergency clause that covered both narcotic drugs and psychotropic substances. Given the spread of new designer drugs, however, a proactive approach was proposed. The German legislature intended to follow the example of some other countries and switch to a generic ("formula-type") scheduling approach. Such an approach should also be considered at the international level.

70. An expert emphasized the need for taking a balanced approach, tackling both the supply and the demand side, as was currently done in Australia. Such an approach should be reflected in close cooperation between: law enforcement and the health sector; the public and the private sector; law enforcement agencies and the chemical industry; and the authorities and drug users, to achieve a change in their attitudes. Improving knowledge of the rapidly changing drug-abuse situation and generating accurate information on the consequences of different intervention options were crucial for success. Prevention strategies should be accompanied by research and regular evaluation, and based on factual information about the dangers and risks associated with abuse of ATS and other drugs.

71. An expert described the policy of the Netherlands in dealing with the "ecstasy" problem, emphasizing the need for a balanced integrated approach and the need to base policy decisions on research findings. The approach was to promote a healthy drug-free lifestyle, which should lead to a decline in consumption. The reality, however, was that quite a number of young people took ecstasy on a recreational basis. By means of secondary prevention, the objective was to reduce the risks of ecstasy abuse. Incidents related to ecstasy abuse were rapidly decreasing, following a number of additional measures taken to minimize health risks at "rave" events. A special government policy paper entitled "XTC" had been drafted in 1994, and a national XTC working group had been set up. Supply control measures were in place, but the emphasis was on prevention. A mass media campaign, directed *inter alia* to parents and teachers, to inform the target group about the health risks, was to start in spring 1997, on the basis of the results of the research programme. Special emphasis had been placed on research, and studies on the pharmacological and toxicological effects of ecstasy and on the extent of ecstasy abuse were currently being prepared, including a socio-epidemiological study.

72. An observer reported on the demand for ATS and demand-reduction strategies in the States of the European Community. Although better information regarding the nature and extent of ATS use and its associated consequences was much needed, amphetamine and ecstasy had clearly become popular among young people, mostly in the context of a youth culture in which discotheques and large house parties played a prominent role. Responses to ATS use concentrated on primary and secondary prevention, with significant participation of the different groups involved in the youth scene. Most States of the European Community based their primary prevention strategies on the promotion of a healthy lifestyle. More carefully planned and evaluated interventions had been initiated and needed further promotion. Some States of the European Community had established mechanisms to analyse the problem and develop specific strategies. Moreover,

the European Monitoring Centre for Drugs and Drug Addiction had set up two projects, on epidemiology and on demand reduction, to prepare the ground for future activities in those areas.

73. Another observer informed the Expert Meeting of the outcome of a recent WHO expert meeting on ATS that complemented UNDCP work in the field with a state-of-the-art review of public health matters related to ATS abuse. Detailed recommendations had been made on issues relating to, *inter alia*, epidemiology, prevention, risk reduction, treatment and research priorities, on the basis of experience acquired in a number of countries. A report on the WHO meeting, including detailed recommendations, would be available soon. Though providing a number of indicative research results on such matters as the neurotoxic effects of most ATS, including MDMA (ecstasy), in animal studies, the WHO meeting had also shown that gaps in the understanding of the ATS problem remained, including the precise epidemiological patterns of ATS abuse in several countries, the health effects, the precise nature of the social consequences, as well as the optimal prevention and treatment approaches in different cultural settings. All of this called for further research and an evaluation of existing practices to provide policy makers with a sound scientific basis for decision-making.

74. An expert described the national response to the phenomenon of designer drugs in the United States. What had proved effective was a case-by-case determination, in each criminal proceeding, of whether a substance was similar in chemical structure or effect to any controlled substance, and whether it was intended for human consumption. Criminal sanctions applicable in cases involving substances in Schedule I of the 1971 Convention could be applied in such situations. Such an approach avoided the problems encountered in defining structural limits of a class of substances in order to protect research and drug development, as well as those associated with a predetermined, and thus limited, list of analogues. Emergency scheduling was subsequently required to control a substance after it had been identified in the illicit markets on several occasions.

75. Another expert briefly described the drug situation in China, particularly illicit trafficking in and clandestine manufacture of ATS, which had been investigated since 1991. He emphasized the national measures adopted for the control of precursors, in particular ephedrine. He proposed, in conclusion, a set of countermeasures to address, in particular, the need for appropriate national frameworks, regional and international cooperation, as well as sanctions for precursor-related offences.

5. Striking the right balance between national, regional and global responses

76. An expert examined the procedures for changing the scope of control of the three international drug control treaties. He briefly reviewed the evolution of the similarity principle, as a basic scheduling criterion, from the early opium treaties to the 1988 Convention, before discussing options to prevent a further spread of ATS abuse. Apart from the rescheduling of, for instance, ephedrine and pseudoephedrine from the 1988 Convention to Schedule III of the 1971 Convention, he suggested that the introduction of specific amendments to the 1971 Convention would make it more appropriate for dealing with clandestinely manufactured drugs. Such amendments could include an assessment of licit requirements for substances in Schedules III and IV, a simplification of the scheduling process and the introduction of a convertibility rule into the 1971 Convention similar to that of the 1961 Convention.

6. Principal issues, problems and countermeasures

77. A Drug Control Officer of the secretariat of the Board addressed the fourth meeting on 26 November 1996. She referred to recent trends in the consumption of licit ATS, particularly methylphenidate, which was used in the treatment of children with attention deficit disorder, and of various stimulants in Schedule IV used as narcotics. While in both cases the steady increase in consumption was an issue of concern, there also appeared to be a close relationship between increased licit availability and actual abuse of the substances. She concluded that the existence of large user and abuser populations made the

substances increasingly attractive for drug traffickers, and that it might be advisable to reverse the trend at as early a stage as possible.

B. Discussion of issues by working groups

78. At the fourth meeting, on 26 November 1996, the Senior Research Coordinator introduced a discussion paper entitled "Policy options for countermeasures", prepared by the Research Section of UNDCP. The paper covered eight general issues that could form the basis of the deliberations of the working groups that were to be convened on 27 November 1996. The issues were as follows:

(a) Increasing the effectiveness of the international control system for dealing with clandestine synthetic drugs;

(b) Improving reporting, understanding and forecasting of the ATS problem;

(c) Counteracting the negative consequences of widely available information on clandestine synthetic drugs;

(d) Limiting the wide availability of precursors for the clandestine synthesis of ATS;

(e) Reducing the economic incentives driving clandestine manufacture and trafficking of ATS;

(f) Reversing the current trend of expanding, globalized consumption of ATS;

(g) Instituting more effective controls on the availability of licit ATS;

(h) Harmonizing national and regional responses to the problem of clandestine synthetic drugs.

79. Following a discussion of the topics raised, the Expert Meeting decided to allocate issue (f) to Working Group 1 (reversing the trend of ATS abuse becoming a part of mainstream consumer culture); issue (c) and parts of issues (b) and (g) to Working Group 2 (dilemma of drug-related information: freedom versus restraint; irresponsible versus responsible information); issues (d) and (e) to Working Group 3 (reducing economic incentives and limiting the availability of precursors for clandestine manufacture); and issues (a) and (h) as well as parts of issues (b) and (g) to Working Group 4 (closing the legislative and regulatory gaps).

C. Regional and international cooperation

1. Harmonizing national and regional responses to the clandestine synthetic drug problem

80. The Senior Research Coordinator emphasized, as documented in *Amphetamine-type Stimulants: a Global Review*, that ATS abuse had become a global problem, though with specific regional peculiarities, such as methamphetamine abuse in Asia and amphetamine and ecstasy abuse in Europe. Even though there had been evidence of growing interregional trafficking in ecstasy, the bulk of trafficking in ATS end-products was at the regional level.

81. An observer emphasized that the regional dimension of the ATS problem required regional responses. In the case of precursor chemicals, there was a need for harmonization at the regional level, as was already done by the States of the European Community, as well as increased interregional cooperation. To that end, the Expert Meeting was informed that the European Community and the United States of America were planning to hold a multilateral conference in the near future. In addition to a need for harmonization at the

regional level, emerging control systems had to be extremely flexible to respond to rapid changes in clandestine manufacture of ATS.

82. An expert also emphasized the need for harmonization at the regional level in a number of areas, including legislation designed to close loopholes in the control system. There should be also increased regional cooperation in such areas as the monitoring of trends, the preparation of watch-lists of precursor chemicals and ATS end-products, signature analysis, cross-national research and specific operational activities.

83. An observer referred to the need for increased regional cooperation in prevention, treatment, applying research methodologies and achieving comparability of epidemiological data. He further emphasized the work already initiated by regional groups, such as the Pompidou Group of the Council of Europe and the epidemiological network groups that cooperated closely with UNDCP and WHO.

Notes

[1]*Amphetamine-type Stimulants: a Global Review*, UNDCP Technical Series No. 3 (Vienna, 1996).

[2]United Nations, *Treaty Series*, vol. 1019, No. 14956.

[3]*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

Annex I

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World Health Organization

Other intergovernmental organizations

European Community, European Monitoring Centre for Drugs and Drug Addiction, International Criminal Police Organization

Annex II

LIST OF DOCUMENTS

*Document number**	*Title or description*
E/CN.7/1997/CRP.5	Policy options for countermeasures
E/CN.7/1997/CRP.6	Summary of views of Governments on countermeasures against illicit trafficking, manufacture and abuse of amphetamine-type stimulants and their precursors
E/CN.7/1997/CRP.7	Recent trends in the use of stimulants as anorectics
E/CN.7/1997/CRP.8	Control of use of methylphenidate in the treatment of attention deficit disorder

Background documents

Amphetamine-type Stimulants: a Global Review, UNDCP Technical Series No. 3 (Vienna, 1996)

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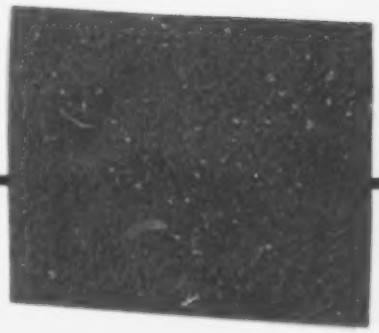

COMMISSION ON NARCOTIC DRUGS
Fortieth session
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Item 10 of the provisional agenda*

EFFECTS ON INDIVIDUALS, SOCIETY AND INTERNATIONAL DRUG CONTROL OF THE PRESCRIPTION OF NARCOTIC DRUGS TO DRUG ADDICTS

Report of the Secretariat

Summary

The Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, recognizes that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering, and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes, while also recognizing that addiction to narcotic drugs constitutes a serious danger for the individual and is fraught with adverse social and economic consequences for society. Parties to the 1961 Convention are required to take such legislative and administrative measures as may be necessary, *inter alia*, to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of narcotic drugs. The international drug control conventions do not contain any definition of the expression "medical and scientific purposes". Since each Party to the conventions must introduce its own implementing legislation, it is possible for States to reach different conclusions as to what legitimate scientific and medical purposes are. An overview of current practices in the prescription of narcotic drugs in different countries shows that such drugs are being prescribed to address the long-term problem of chronic drug addiction and to respond to a sharp increase in injecting drug use. Methadone is the most commonly prescribed drug. Some States find methadone prescription to be effective in changing the behaviour of drug addicts. Others doubt its effectiveness or instead concentrate on policies designed to influence the behaviour of people so that they do not take part in any drug abuse. In only a few States is heroin prescribed to drug addicts.

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INTRODUCTION

1. The Commission on Narcotic Drugs, at its thirty-eighth session, adopted resolution 1 (XXXVIII) of 23 March 1995 on prohibition of the use of heroin. In that resolution, the Commission recalled its resolutions 5 (S-V) of 23 February 1978 and 2 (XXXII) of 11 February 1987, in which it had strongly urged Governments to prohibit the use of heroin on human beings. Aware of the growing advocacy of the non-medical use of heroin and its controlled supply to addicts, the Commission requested the Executive Director of the United Nations International Drug Control Programme (UNDCP) to ask the International Narcotics Control Board and the World Health Organization (WHO) for an opinion on this question for consideration by the Commission at its thirty-ninth session.

2. At its thirty-ninth session, the President of the Board made a statement on the subject. WHO informed the Commission that its opinion on the matter, after consideration by its Expert Committee on Drug Dependence, would be presented to the Commission at a future session. The Commission then decided to include an item on the agenda of its fortieth session on the effects on individuals, society and international drug control of the prescription of narcotic drugs to drug addicts, and requested a report by the Secretariat on the issue. The present report responds to that request.

I. EVOLUTION OF THE PRESCRIPTION OF NARCOTIC DRUGS AND INTERNATIONAL DRUG-CONTROL EFFORTS

A. Historical background

3. In the late nineteenth and early twentieth centuries there was an increasing awareness of the dangers associated with the narcotic drugs that had previously been widely used for pain relief, especially opium-based preparations. At that time, many countries began to restrict the distribution of such drugs, while permitting their use for medical and scientific purposes. In 1909, 13 countries formed an Opium Commission, leading to the conclusion of the International Opium Convention, signed at The Hague on 23 January 1912. Later, the League of Nations created an Advisory Committee on Traffic in Opium and Other Dangerous Drugs to provide advice on drug-trafficking issues and to develop related international legislation. The International Opium Convention, signed at Geneva on 19 February 1925, strengthened the supervision of the narcotics trade. The Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, signed at Geneva on 13 July 1931, supplemented the provisions of the prior conventions. Parties to the 1931 Convention agreed that only a restricted quantity of drugs would be manufactured in and imported to their respective countries.

4. The United Nations was established after the Second World War, and authorized to carry out the functions previously belonging to the League of Nations under the narcotics treaties. At the first session of the United Nations, the Economic and Social Council created the Commission on Narcotic Drugs to replace the League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs.

5. The Single Convention on Narcotic Drugs of 1961,[1] as amended by the 1972 Protocol,[2] aimed at unifying the pre-existing multilateral treaties involving narcotics control and simplifying the international control machinery. The 1961 Convention merged the Permanent Central Opium Board and the Drug Supervisory Body into one body, the International Narcotics Control Board. In addition to the 1961 Convention, the other drug control conventions currently in force are the Convention on Psychotropic Substances of 1971[3] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[4]

B. Controls required under the international drug control conventions

6. The policy of permitting the use of narcotic drugs for medical and scientific needs, while preventing their harmful uses, is articulated in the preamble to the 1961 Convention, which reads as follows:

> "*Recognizing* that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,
>
> "*Recognizing* that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,
>
> "*Conscious* of their duty to prevent and combat this evil,
>
> "...
>
> "*Desiring* to conclude a generally acceptable international convention replacing existing treaties on narcotic drugs, limiting such drugs to medical and scientific use ..."

7. Heroin (diacetylmorphine) is listed in Schedules I and IV of the 1961 Convention and is subject to all measures of control applicable to drugs under that Convention. The principal features of the regime include:

the limitation to medical and scientific purposes of all facets of the narcotics trade (including drug manufacture and domestic and international trade) and of drug possession and use; the requirement that Governments authorize the legitimate narcotics trade in their countries and that a specific authorization is needed for certain individual international transactions; detailed record-keeping; requirement of medical prescriptions for the supply or dispensation of controlled drugs to individuals; and a system for limiting the quantities of those drugs available by manufacture or importation in each country to those needed for medical and scientific purposes.

8. Furthermore, parties to the 1961 Convention are required to adopt any special measures of control for drugs in Schedule IV which in its opinion are necessary, having regard to the particularly dangerous properties of those drugs (article 2, paragraph 5 (a). Article 2, paragraph 5 (b), also provides that:

> "A Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug except for amounts which may be necessary for medical and scientific research only, including clinical trials therewith to be conducted under or subject to the direct supervision and control of the Party."

9. Such special measures to protect the public health and welfare might include, for example, a requirement that manufacturers draw the attention of physicians to the dangerous properties of the drugs, restrictions on their therapeutic use or a measure of prohibition. A party is obliged to apply such special measures only if it believes them to be necessary. Its opinion on the matter could generally not be challenged by another party, but this provision must be carried out in good faith, like other treaty provisions.[5] One domestic situation in which measures of prohibition would be appropriate might be, for example, if members of the medical profession were administering or prescribing drugs in Schedule IV in an unduly extensive way, and other less radical measures such as warnings by public authorities had proven to be ineffective. Article 2, paragraph 5, leaves the prohibition to the judgement, though theoretically not to the discretion, of each party.

10. Whether the prohibition of the dangerous drugs in Schedule IV, including heroin, should be mandatory or only recommended was a controversial question at the United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs, which met in New York from 24 January to 25 March 1961, as it had been in respect of earlier drug control treaties. A proposal to abolish the use of heroin had been made as early as 1923 in the League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs. Such proposals were also made, but not endorsed, at the conferences held at Geneva in 1924/25 and 1931 that respectively adopted the 1925 and 1931 conventions referred to in paragraph 3 above. The 1931 conference, by way of compromise, included article 10 in the 1931 Convention, imposing a particularly restrictive regime on the international trade in heroin. Under that provision, export of diacetylmorphine and of its preparations were prohibited, except for shipments to a country that did not manufacture the drug, and only in such quantities as were necessary for the medical and scientific needs of the importing country. The Conference also adopted a recommendation (VI) to the effect that each Government should examine in conjunction with the medical profession the possibility of abolishing or restricting the use of heroin.[6]

11. Other controls imposed by the 1961 Convention include article 4, which requires Parties to take such legislative and administrative measures as may be necessary, *inter alia*, to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs.

12. Furthermore, pursuant to the 1961 Convention, the Board, among its other duties, administers an estimates system whereby the cultivation, production, manufacture, trade and distribution of drugs is limited to an adequate amount required for medical and scientific purposes, and ensures their availability for such purposes.

13. The provisions of the 1988 Convention must be considered in relation to the 1961 Convention and the 1971 Convention. Each Party to the 1988 Convention is required to adopt such measures as may be necessary to establish as criminal offences certain acts under its domestic law. Such offences relate, *inter alia*, to actions that are prohibited under the 1961 Convention and the 1971 Convention, for example the illicit manufacture, distribution or sale of any narcotic drug or psychotropic substance. Since the 1961 Convention clearly permits the authorized provision and use of drugs, including heroin, for medical or scientific purposes, the 1988 Convention also permits it for such purposes.

14. The international drug control conventions do not contain any definition of the expression "medical and scientific purposes". Since each Party to the conventions must introduce its own implementing legislation, it is possible for States to reach different conclusions as to what legitimate scientific and medical purposes are. For example, the prescription of heroin and morphine to addicts by medical doctors is permitted in a small number of countries as part of treatment or maintenance programmes, as well as for research purposes, while such prescription is forbidden elsewhere. Furthermore, morphine is used for pain relief of the terminally ill in many countries; heroin is used in very few countries.

II. OPINION OF THE WORLD HEALTH ORGANIZATION ON THE MEDICAL USE OF HEROIN AND ITS CONTROLLED SUPPLY TO ADDICTS

15. In May 1953, the Sixth World Health Assembly adopted a resolution (WHA6.14) on diacetylmorphine (heroin). Being convinced that heroin was not irreplaceable for medical practice, the Assembly recommended that Member States that had not already done so should abolish the importation and production of the drug. The Assembly further recommended that campaigns be undertaken to convince doctors and Governments that heroin was not irreplaceable for medical practice.

16. The Commission, in its resolution 1 (XXXVIII), requested the Executive Director to ask WHO for an opinion on the growing advocacy of the non-medical use of heroin and its controlled supply to drug addicts. The formal UNDCP request for the opinion of WHO clarified that WHO should also give an opinion on whether the controlled supply of heroin to addicts could be construed as medical use of the substance. The Director-General of WHO submitted those questions to the Expert Committee on Drug Dependence at its thirtieth meeting, held from 14 to 18 October 1996, for its views. The opinion of the Expert Committee was reported to the Executive Board of WHO in January 1997, but the opinion of WHO was not yet officially available when the present report was prepared. Any official communication on the matter received from WHO will be brought to the attention of the Commission by an addendum to the present report.

III. POSITION OF THE INTERNATIONAL NARCOTICS CONTROL BOARD ON THE CONTROLLED DISTRIBUTION OF HEROIN TO DRUG ADDICTS

17. Pursuant to Commission resolution 1 (XXXVIII), the President of the Board delivered a statement to the Commission at its thirty-ninth session. The President of the Board said that the international drug-control system had evolved with the common understanding that free and unrestricted availability of narcotic drugs to people for non-medical purposes led to widespread abuse with serious public health consequences. The will to restrict to only medical and scientific uses appeared to be weakening in some countries, and the proliferation of radically liberal attitudes and legitimization of non-medical use of drugs under the umbrella of harm minimization was not justifiable. He argued that while a reduction of harm to the individual might be demonstrated in certain circumstances, the harm caused by such a policy to society as a whole could be highly significant.

18. The President of the Board pointed out that the expansion of clinical trials or treatment schemes involving heroin presented a danger to the international drug-control system, in the sense that supporters of

legalization took advantage of the trials to achieve their own objectives. He added that no Government should support the proliferation of such trials.

IV. PRACTICES OF PRESCRIPTION OF NARCOTIC DRUGS

A. Overview of practices of prescription of narcotic drugs to drug addicts

19. To assist in preparing the present chapter of the report, a questionnaire was sent out by UNDCP to Member States to collect information on ongoing, discontinued and planned programmes for the supply or dispensation of narcotic drugs to drug addicts for maintenance purposes. Questions were also asked about the reasons behind decisions to begin or to discontinue such programmes, as well as the reasons behind decisions not to supply narcotic drugs to drug addicts. A total of 61 States answered the questionnaire.

20. Twenty-six States and two territories reported that they had no programmes providing narcotic drugs to drug addicts: Argentina, Azerbaijan, Belgium, Cape Verde, Chad, Colombia, Cuba, Dominica, Dominican Republic, Falkland Islands (Malvinas), Ghana, Indonesia, Iran (Islamic Republic of), Jamaica, Japan, Lebanon, Maldives, Micronesia (Federated States of), Niue, Pakistan, Philippines, Qatar, Russian Federation, Saint Lucia, Slovakia, Thailand, Tunisia and Turkey.

21. Thirty-one States and one territory reported the existence of programmes providing narcotic drugs to drug addicts: Australia, Austria, Bahrain, Canada, Croatia, Cyprus, Denmark, Finland, Germany, Guatemala, Hong Kong, Iceland, Ireland, Italy, Kyrgyzstan, Latvia, Lithuania, Malta, Mexico, Monaco, Morocco, Netherlands, Norway, Oman, Panama, Portugal, Slovenia, Spain, Sri Lanka, Sweden, Switzerland and United Kingdom of Great Britain and Northern Ireland. In addition, another 12 States that did not respond to the questionnaire sent by the Secretariat reported substitution or maintenance programmes in the 1995 annual reports questionnaire: Czech Republic, France, Greece, Honduras, India, Israel, Jordan, Luxembourg, Mauritius, Paraguay, Republic of Moldova and Singapore. Methadone was the predominant drug for maintenance. Only two States (Switzerland and the United Kingdom) were known to provide heroin to drug addicts.

22. With regard to States responding that they had no maintenance programmes providing narcotic drugs to drug addicts, the majority (17) reported that the issue was never raised within their borders because the problem of addiction to opiates did not exist, was very limited or did not require special attention. Yet another reason was that it was not considered a priority, since there were other more pressing concerns. In general, the prevention and treatment means already existing were considered sufficient.

23. Other States (11) did not authorize the prescription of narcotic drugs to drug addicts on the basis of policy decisions. The reasons given were, *inter alia*: the "zero-tolerance option" chosen by the Government (Argentina); the fact that "it is important to change the behaviour of people so that they do not take part in any drug abuse" (Japan); consideration of the non-effectiveness of the administration of methadone and other opiates in comparison with treatment (Lebanon); the fact that "prescribing narcotic drugs to drug addicts results in an increase in drug abuse" (Russian Federation); uncertainty about the long-term implications of drug prescription for maintenance; and the problem of diversion (Sri Lanka).

24. Thirteen States reported that programmes for the distribution of narcotic drugs to drug addicts were not under consideration, either because the problem did not exist, or because treatment needs and services were at an early stage and injecting drug use was not a relevant problem (Cape Verde, Jamaica, Philippines and Tunisia). Lebanon challenged the impact of the programmes, and was concerned about the possibility of abuse and diversion of the prescribed narcotic drugs.

25. Germany, though reporting an ongoing methadone programme, pointed out that the preconditions of the law for prescription and distribution of heroin to a selected group of addicts had not been fulfilled, because such projects did not meet a "public interest". On the other hand, in 1996 the Netherlands made a decision in principle to start small-scale experiments involving the supply of heroin "on strict medical grounds to seriously ill addicts whose physical state and social situation are beyond hope".

26. A small number of countries reported that they were considering the introduction of methadone programmes (Slovakia and Turkey). In addition, Pakistan reported that the sale of narcotic drugs and psychotropic substances on prescription by registered medical practitioners was under consideration. Indonesia and the Federated States of Micronesia could consider authorizing maintenance programmes in order to reduce drug-related crime, if there were an obvious increase in the abuse of opiates (Indonesia) or if circumstances changed in the future (Federated States of Micronesia).

27. Only five States (Iran (Islamic Republic of), Italy, Netherlands, Oman and Sweden) were known to have discontinued maintenance programmes. The Islamic Republic of Iran had abolished methadone maintenance, since "according to the law addiction is known as a crime". In Italy, experimental use of injectable morphine for treatment of opiate addicts was authorized during the period from 1980 to 1985. The majority of the addicts who entered morphine treatment requested to be moved to methadone treatment. While having authorized methadone syrup for treatment of opiate addicts, Italy had discontinued some maintenance programmes because it was felt that the availability of maintenance programmes could lead both to an underestimation of the need for the gradual cessation of drug abuse as a final goal of treatment, and to neglect of other support services, such as psychological, social and educational counselling. In 1983, a two-year small-scale (37 patients) morphine-dispensing programme was initiated at Amsterdam, whereby "extremely problematic addicts" who failed to respond to methadone treatment received oral methadone and injectable morphine on a daily basis. The aim of the experiment was to lessen the harm that the addicts inflicted on themselves and to change their lifestyles. Targets were formulated individually with respect to somatic and psychiatric problems, housing, income management, daily time allocation etc. On the whole, the morphine-dispensing experiment resulted in more progress than deterioration. However, in a number of cases the progress was rather limited. With regard to the effects on poly-drug use, urine analysis showed that while heroin use seemed to decrease among the clients, the use of amphetamine seemed to increase with time. There was no noticeable negative effect of the programme on other drug-intervention programmes at Amsterdam.

28. Oman reported that its methadone programme had been discontinued because it was considered to be counterproductive, since "it only substituted an illegal narcotic with a legally supplied narcotic". From 1965 to 1967, stimulants of the central nervous system and opiates (morphine) were legally prescribed to a group of 156 drug addicts at Stockholm. The idea behind the experiment was to limit the harmful effects of abuse, both on society and on the individual drug addict. Through the offer of legally prescribed drugs, the drug addicts would also receive offers of care and their medical and social status would improve. The physicians taking part in the project practiced what was termed "liberal prescription", that is, the patients chose their own drugs and doses. An interview survey and an analysis of registry data showed that while drug offences ceased almost entirely during the experiment, other crimes increased. The number of crimes per individual actually showed a slight increase. The experiment was discontinued, partly because of extensive leakage of legally prescribed drugs into the illegal market.

29. A total of 44 States and territories have reported that they have maintenance programmes for drug addicts. More detailed information was provided by those which completed the special questionnaire requesting information for the preparation of the present report (32 States and territories).

30. The reasons given for starting the programmes were several, but they may be divided into three main categories:

(a) The chronic heavy drug abuse that developed among a specific portion of the population of drug addicts. This seems to be, with few exceptions, a characteristic of countries with a long history of drug abuse and injecting drug use (Canada, Denmark, Ireland, Portugal, Switzerland and United Kingdom);

(b) The need to address an unexpected increase in injecting drug use, in drug-related deaths or in the prevalence of infection by the human immunodeficiency virus (HIV), for which the health services were partly or completely unprepared (Bahrain, Croatia, Kyrgyzstan, Lithuania, Mexico and Norway);

(c) The fact that maintenance programmes were considered to be part of the strategy to address drug abuse, also as a result of the experience of other countries (Cyprus, Guatemala, Hong Kong, Latvia and Slovenia).

31. Another reason mentioned was the concern for public health, particularly related to the rapid spread of HIV among injecting drug users. Also, an increase in crime and violence were indicated as factors that influenced the decision on the programmes. The failure of drug-free treatment services and the number of relapse cases convinced some States of the need to provide narcotic drugs for the chronic drug addicts who had failed in other programmes. In other cases the lack of drug-free treatment services in clinical facilities motivated Governments to authorize the prescription of narcotic drugs to deal with the increasing number of drug addicts. The experience of other countries also influenced the decision on the implementation of the programmes.

32. Almost all programmes prescribed methadone. Other drugs prescribed were buprenorphine (Switzerland and the United Kingdom), codeine (Germany and Switzerland), dihydrocodeine (Germany), heroin (Switzerland and the United Kingdom), L-alpha acetyl methadol (Portugal), morphine (Guatemala, Mexico and Switzerland) and pethidine (Guatemala).

33. The methadone maintenance programmes had been in place for a relatively long time in Sweden and the United Kingdom (1966) and in Switzerland (1975), although regulations to prevent excessive or inappropriate prescribing or diversion may be of later date. Methadone maintenance programmes started later in Bahrain (1985) and Austria (1987). More recently, such programmes were initiated in Finland (1990), Croatia (1991), Mexico (1993), Norway (1994), Lithuania (1995) and Latvia (1996).

34. About half (15) of the States and territories that reported details on their maintenance programmes said that the programmes were supposed to continue for a long time or indefinitely. Some stated that the programmes were an integral part of a series of treatment services available to drug addicts (Denmark and Slovenia), or that research had demonstrated the efficacy of methadone treatment as a general approach (Australia and Canada). Others said that the programme would continue "until necessary". Some countries reported that the programmes would continue while funds were available (Latvia), pending legislative and political decisions (Monaco, Kyrgyzstan and Switzerland), or pending a scientific decision made by experts (Finland).

35. The table summarizes responses by countries that provided statistics on the number of people undergoing maintenance treatment. Most countries provided statistics on the number of people participating currently, or during one year, in the maintenance programmes.

Table. Number of drug-dependent people served by programmes prescribing narcotic drugs

Country or territory	*Number of people served*
Australia	17 356
Bahrain[a]	1 700
Canada	3 278
Croatia[a]	1 500
Finland[a]	20
Germany	30 000
Guatemala[a]	4
Hong Kong	10 000
Ireland	1 650
Kyrgyzstan[a]	2 136
Latvia	32
Lithuania	213
Malta	64
Mexico	280
Netherlands	12 500
Norway	100
Oman	50
Panama[a]	100
Portugal	1 500
Sweden	475
Switzerland	16 000
United Kingdom	20 000

[a]Cumulative number of people served by the maintenance programme since its inception.

36. The criteria for admission to the programmes were usually a mix of the following:

(a) *Drug dependency*. Serious opiate dependency, particularly heroin (in Australia, persons diagnosed as opioid-dependent should be assessed by an approved methadone prescriber to be appropriate for treatment). People admitted must have a relatively long history of dependency (at least four years of intravenous abuse of opiates for admission to methadone treatment in Sweden; two years of dependency for admission to heroin maintenance in Switzerland) and injecting drug use;

(b) *Health risk*. HIV-positive and pregnant drug-dependent persons;

(c) *Failure in other treatment options*. For example, two proven unsuccessful efforts to follow treatment or another substitution programme are necessary for admission to heroin maintenance in Switzerland. Other examples are: documented failure in short-term detoxification and drug-free treatment options; and failure to comply with abstinence requirements;

(d) *Administrative and control criteria*. Age (over 18 in Croatia for methadone, and over 21 in Switzerland for heroin); admission as patients of State clinics (Latvia); voluntary request and informed

consent; body fluids checked for other substance and to control abstinence (Austria, Denmark and Mexico); deposition of driving licence and access to criminal records (Switzerland).

37. Procedures for administration vary. In some States, the narcotic drugs are administered only by a certified psychiatrist in clinical settings and in a controlled situation (Bahrain, Croatia, Guatemala, Norway, Oman, Panama and Sweden). In other States and territories, authorized general practitioners or medical doctors prescribe narcotic drugs to drug addicts who meet the criteria set by the competent authorities (Austria, Canada, Hong Kong, Iceland, Ireland, Latvia, Lithuania, Mexico, Monaco, Netherlands, Portugal and Switzerland). Some addicts can also obtain the drug on a take-home basis on prescription by a general practitioner (methadone in the United Kingdom) exercising his or her clinical judgement.

38. Prescription of heroin to opiate addicts has been allowed in the United Kingdom since the 1920s. Traditionally, heroin maintenance was defined as bona fide medical treatment if addicts who had failed to respond to treatment were able to live relatively normal lives when provided with a regular supply of the drug. In most cases, they received their regular prescription from their family doctor. Since 1968, prescription of heroin and of cocaine has been legally restricted to physicians specially licensed by the Home Secretary for that purpose. Whereas currently about 150 people receive either heroin or cocaine prescriptions, more than 20,000 are under methadone treatment.

39. A three-year trial of prescription of narcotic drugs to drug addicts was approved by the Council of Ministers of Switzerland in 1992. The first projects were set up in January 1994 to provide 250 drug addicts with injectable heroin, 250 with injectable morphine, and 200 with injectable methadone. The design has been modified since then, and the number of persons provided with injectable heroin has been increased to 800. As of October 1996, approximately 800 addicts were receiving heroin, 200 methadone (intravenously), approximately 40 buprenorphine (orally), and 39 morphine (intravenously or orally). No figures were given on the number of addicts receiving codeine. In addition to the above-mentioned figures, approximately 13,800 people were enrolled in methadone programmes, mainly for oral administration.

40. The prescription of heroin is expected to continue until 1998 for those who were enrolled in the programme before June 1996. Further continuation of the programme and admission of new patients depend on the results of the final evaluation and on government decisions.

41. At the request of the Government of Switzerland and the International Narcotics Control Board, WHO coordinated an evaluation of the Swiss studies on prescription of narcotic drugs to drug addicts. The results of the evaluation were not available when the present report was drafted.

B. Reported effects of prescription of narcotic drugs to drug addicts

42. Most of the States with maintenance programmes reported ongoing or completed evaluations, but few have provided evaluation reports to the secretariat. Methadone maintenance programmes vary according to admission criteria, length of treatment, dosage, combination with other types of treatment etc. Many factors influence the results, not least the broader health and social welfare context in which the maintenance programmes are carried out. The results of the evaluations provided by Member States are therefore not directly comparable.

43. Randomization poses ethical problems. To the knowledge of the Secretariat, there are only a few experimental substitution studies involving a control group not receiving treatment.[7,8,9] No study has been found in which drug addicts were offered substitution or drug-free treatment by random allocation.

44. The three experimental studies show similar results: methadone substitution is more efficient than placebo treatment or no treatment at all, particularly with regard to reduction of heroin consumption and involvement in criminal activity, as long as the patients are in long-term treatment.

45. With regard to heroin maintenance, an evaluation was conducted[10] in a controlled trial carried out in London during the late 1970s. Ninety-six confirmed heroin addicts were either randomly allocated to heroin maintenance or were refused it and offered oral methadone instead. All patients were interviewed before randomization, and followed up for a period of 12 months.

46. Almost all heroin patients continued to inject regularly. The majority persisted in obtaining illicit drugs in addition to their prescription, though usually in small or moderate amounts. The use of other drugs, such as barbiturates and stimulants, showed little overall change. For many patients, there was little qualitative change in lifestyle. The majority remained in contact with other drug users and involved in drug-related activities, though often less intensively than before. Most persisted in some criminal activity, though less than half were dependent on crime as a source of income. Although the extent of criminal activity decreased during the year, the proportion arrested during the trial year was the same as during the year prior to intake, when they were not receiving a prescription.

47. The patients who were refused heroin tended to polarize toward the extremes on a number of measures. They were more likely, on the one hand, to be totally abstinent, or almost so, while, on the other hand, those who did continue using and injecting regularly were obtaining larger quantities of illicit heroin than those given a heroin prescription. In terms of social functioning, either they had stopped associating with other addicts and ceased drug-related activities, or they were heavily involved in the drug scene. Those no longer involved in the drug scene were more likely to be employed, and much less likely to depend on crime as a major source of income. At the other extreme, patients who were injecting regularly and heavily were almost all unemployed and largely dependent on crime as a means of support. Their health was no different from that of those receiving heroin.

48. The findings suggest that legal prescription of heroin is unlikely, by itself, to produce any dramatic change in lifestyle or social functioning. In particular, it is unlikely to eliminate, though it may reduce somewhat, the criminal activity of addicts, especially those whose delinquence started at an early age and prior to heroin abuse.

Notes

[1]United Nations, *Treaty Series*, vol. 520, No. 7515.

[2]Ibid., vol. 976, No. 14152.

[3]Ibid., vol. 1019, No. 14956.

[4]*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

[5]*Commentary on the Single Convention on Narcotic Drugs, 1961* (United Nations publication, Sales No. E.1973.XI.1), p. 65.

[6]Ibid., p. 66.

[7]V. P. Dole and others, "Methadone treatment of randomly selected criminal addicts", *New England Journal of Medicine*, vol. 280, 1969, pp. 1372-1375.

[8]R. G. Newman and W. B. Whitehall, "Double-blind comparison of methadone and placebo maintenance treatments of narcotic addicts in Hong Kong", *Lancet*, 9 September 1979, pp. 485-488.

[9]L. Gunne and L. Grönbladh, "The Swedish methadone maintenance program: a controlled study", *Drug and Alcohol Dependence*, vol. 7, 1981, pp. 249-256.

[10]Hartnoll and others, "Evaluation of heroin maintenance in controlled trial", *Archives of General Psychiatry*, vol. 37, August 1980, pp. 877-884.